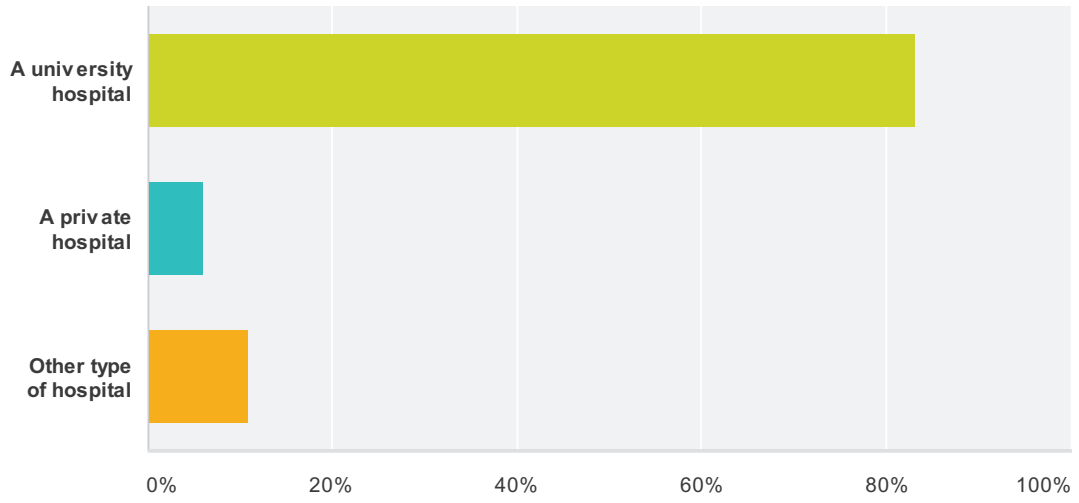


Q1 Is your Institution :

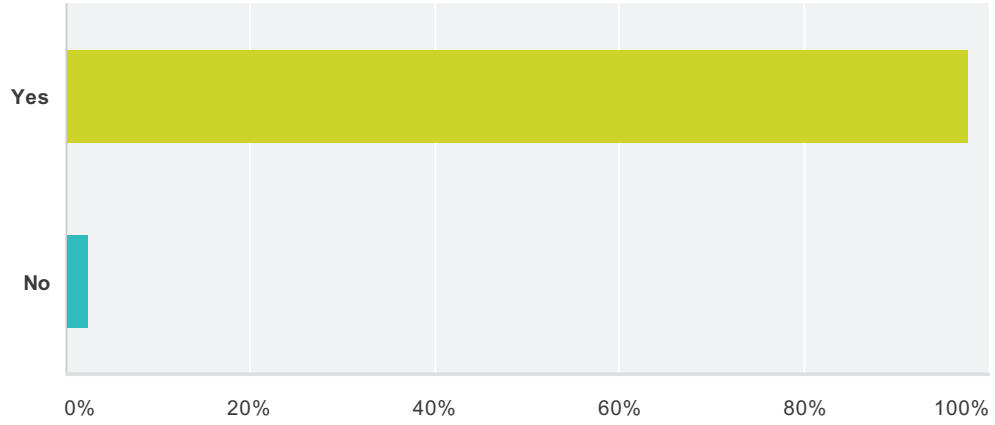
Répondues : 83 Ignorées : 0



Choix de réponses	Réponses	
A university hospital	83,13%	69
A private hospital	6,02%	5
Other type of hospital	10,84%	9
Total		83

Q3 Would you be comfortable if we acknowledge your centre in the Europace Journal and on the Website ?

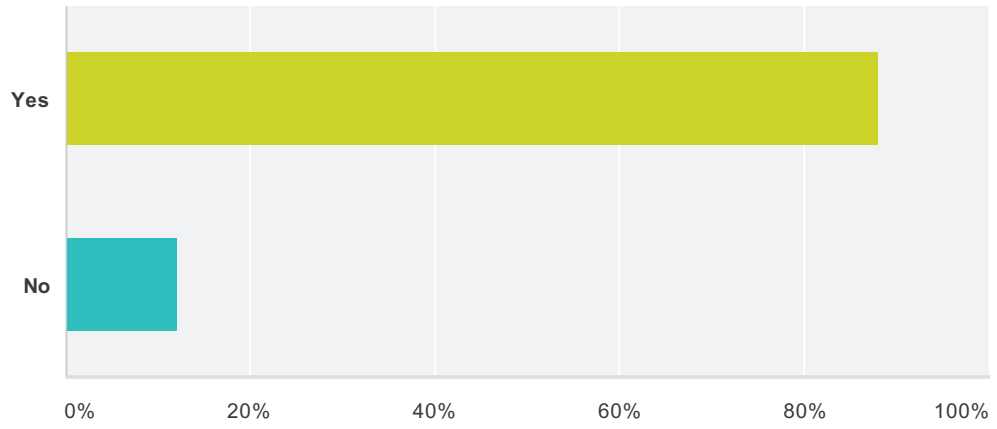
Répondues : 83 Ignorées : 0



Choix de réponses	Réponses	
Yes	97,59%	81
No	2,41%	2
Total		83

Q4 Do you have cardiac surgery at your institution ?

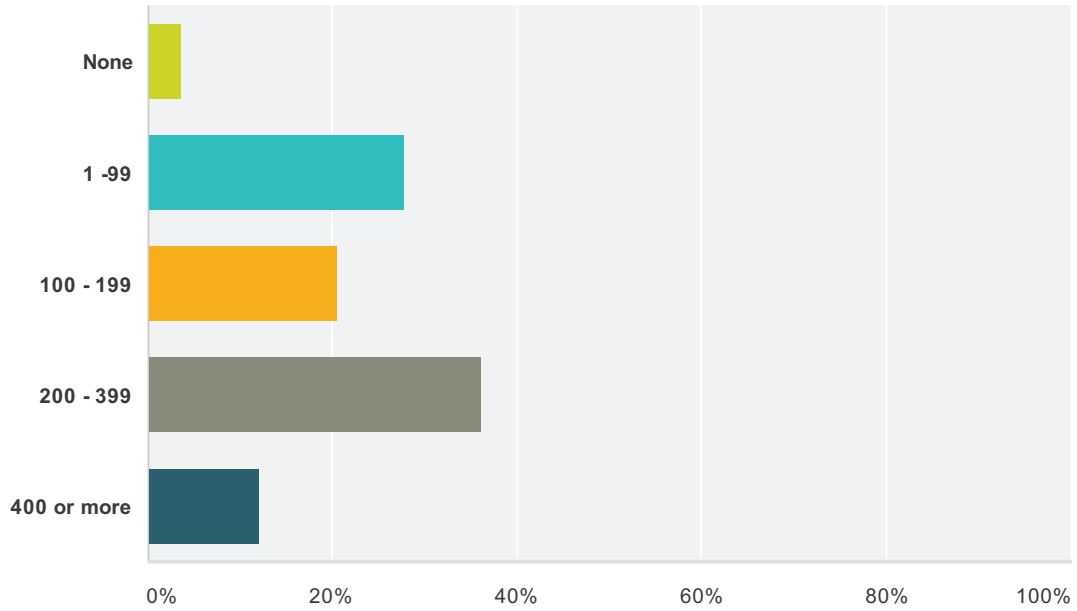
Répondues : 83 Ignorées : 0



Choix de réponses	Réponses	
Yes	87,95%	73
No	12,05%	10
Total		83

Q5 Total Number of catheter ablations for atrial fibrillation at your institution last calendar year:

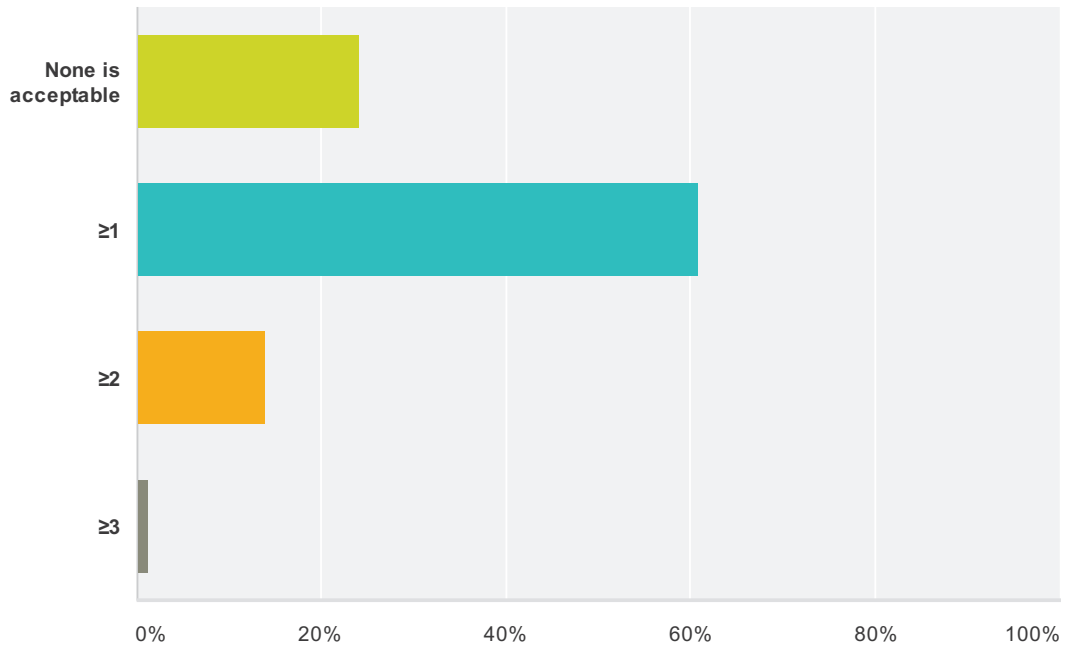
Répondues : 83 Ignorées : 0



Choix de réponses	Réponses
None	3,61% 3
1 -99	27,71% 23
100 - 199	20,48% 17
200 - 399	36,14% 30
400 or more	12,05% 10
Total	83

Q6 How many antiarrhythmic drugs (excluding plain beta-blocker) should patients have been refractory or intolerant to before they are accepted for atrial fibrillation ablation procedure?

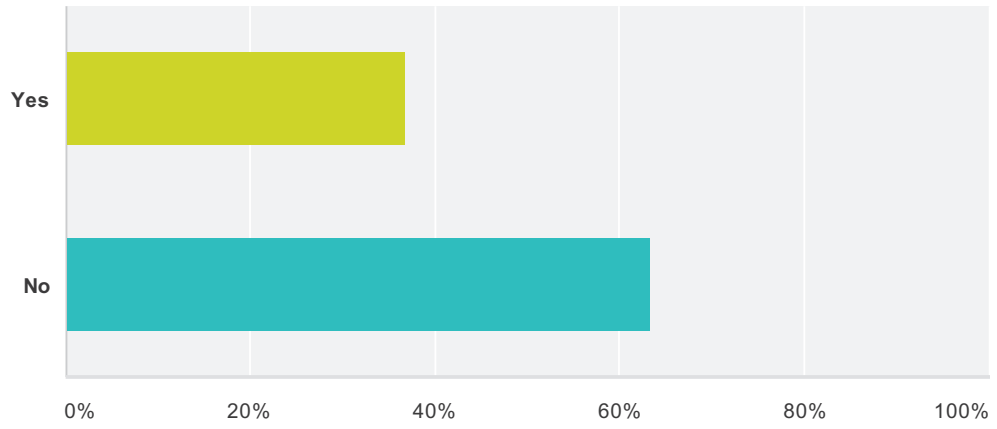
Répondues : 79 Ignorées : 4



Choix de réponses	Réponses
None is acceptable	24,05% 19
≥1	60,76% 48
≥2	13,92% 11
≥3	1,27% 1
Total	79

Q7 Do you usually stop antiarrhythmic drugs prior to ablation procedure?

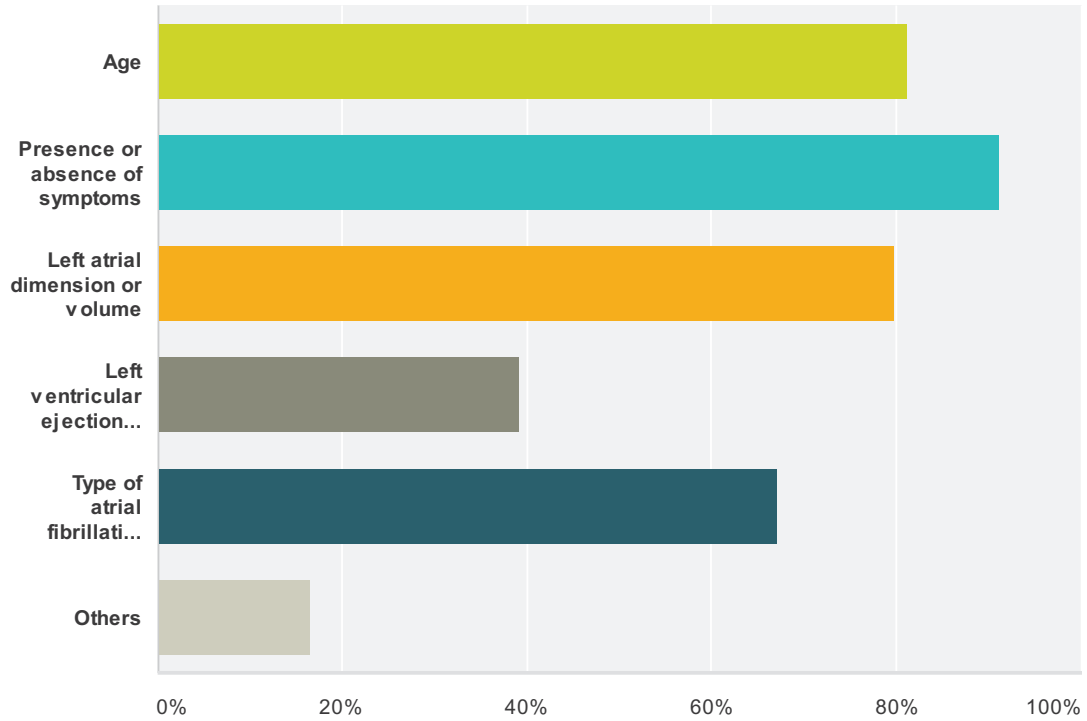
Répondues : 79 Ignorées : 4



Choix de réponses	Réponses	
Yes	36,71%	29
No	63,29%	50
Total		79

Q8 Which factors do you take into account for the decision of accepting or denying atrial fibrillation ablation?

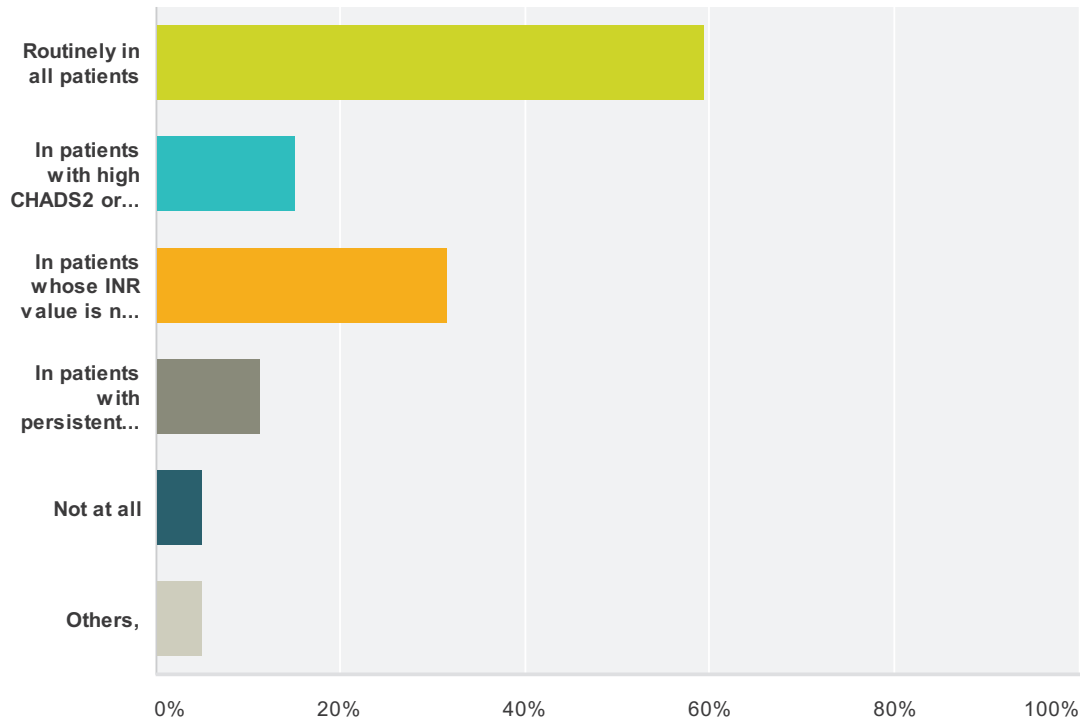
Répondues : 79 Ignorées : 4



Choix de réponses	Réponses
Age	81,01% 64
Presence or absence of symptoms	91,14% 72
Left atrial dimension or volume	79,75% 63
Left ventricular ejection fraction	39,24% 31
Type of atrial fibrillation (paroxysmal persistent and longstanding persistent)	67,09% 53
Others	16,46% 13
Nombre total de répondants : 79	

Q9 Do you perform transesophageal echocardiography prior to atrial fibrillation ablation procedure? (NB: similar question will be asked below If a new oral anticoagulation drug is used)

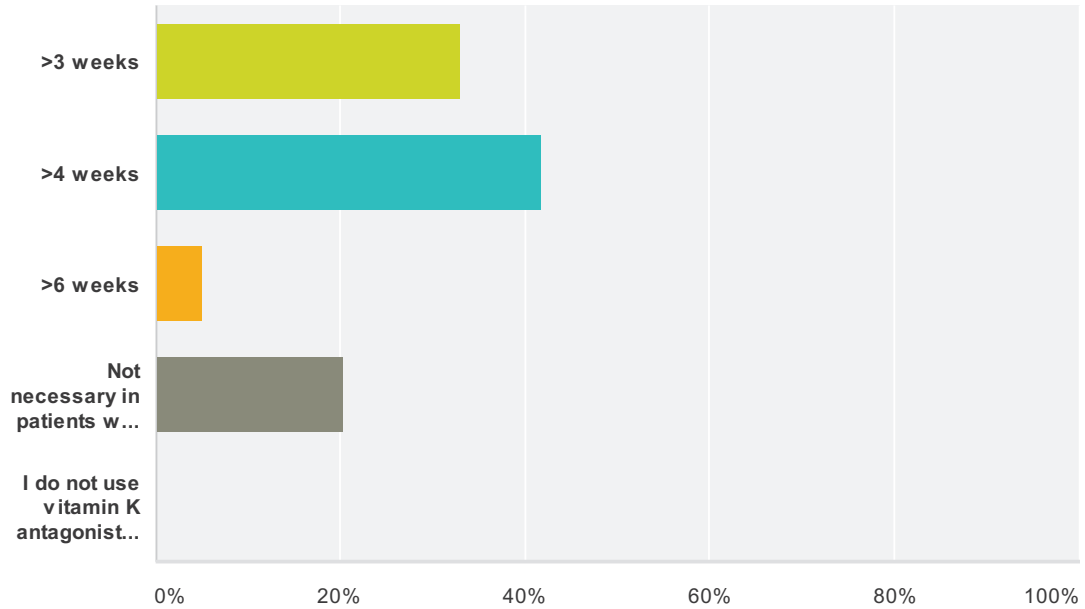
Répondues : 79 Ignorées : 4



Choix de réponses	Réponses
Routinely in all patients	59,49% 47
In patients with high CHADS2 or CHA2DS2VASC score	15,19% 12
In patients whose INR value is not in therapeutic range	31,65% 25
In patients with persistent atrial fibrillation	11,39% 9
Not at all	5,06% 4
Others,	5,06% 4
Nombre total de répondants : 79	

Q10 How long should patients be treated with vitamin K antagonist prior to atrial fibrillation ablation procedure?

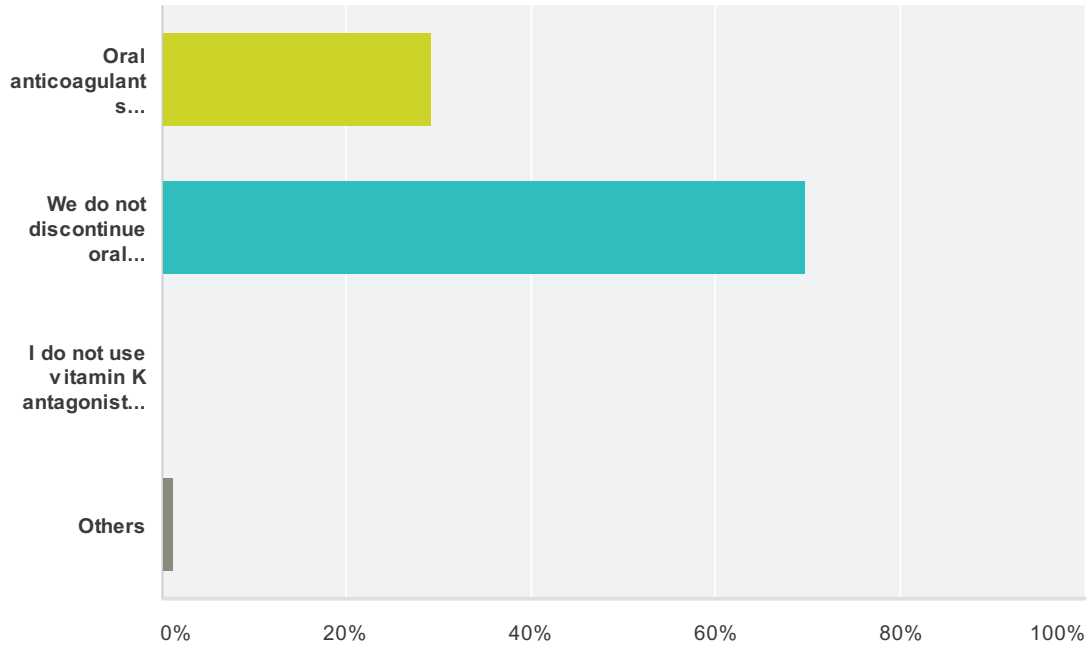
Répondues : 79 Ignorées : 4



Choix de réponses	Réponses
>3 weeks	32,91% 26
>4 weeks	41,77% 33
>6 weeks	5,06% 4
Not necessary in patients with low CHADS2 or CHA2DS2VASC score	20,25% 16
I do not use vitamin K antagonist but only new oral anticoagulation drugs	0% 0
Total	79

Q11 Regarding systemic anticoagulation therapy (vitamin K antagonist) prior to atrial fibrillation ablation procedure

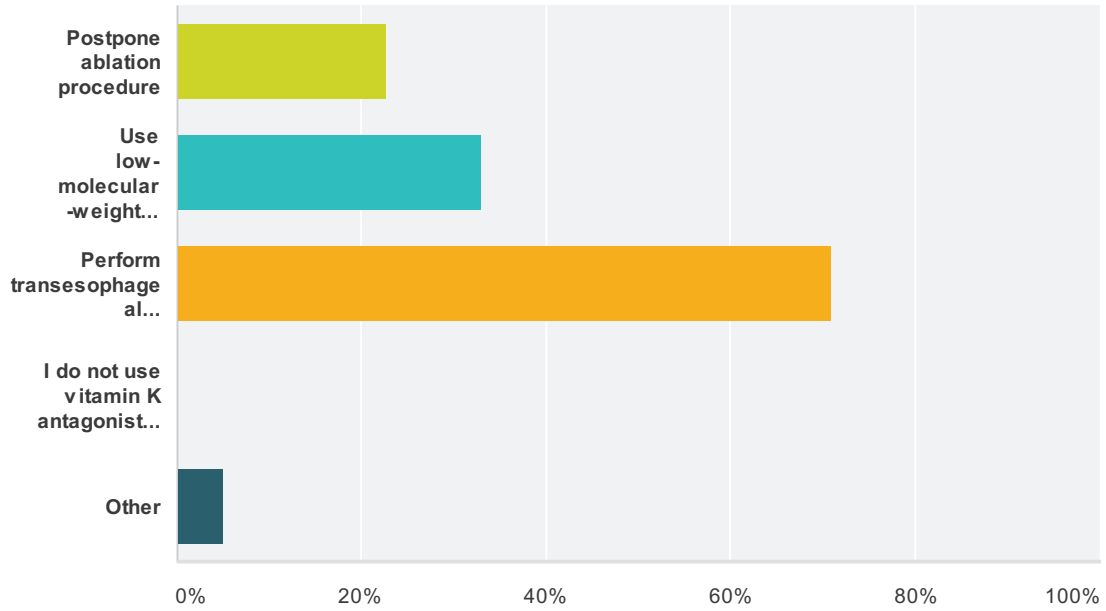
Répondues : 79 Ignorées : 4



Choix de réponses	Réponses
Oral anticoagulants discontinued and low-molecular-weight heparin bridging is used	29,11% 23
We do not discontinue oral anticoagulants	69,62% 55
I do not use vitamin K antagonist but only new oral anticoagulation drugs	0% 0
Others	1,27% 1
Total	79

Q12 If INR is too low (<2.0) when the patient comes for an ablation procedure, what will you do?

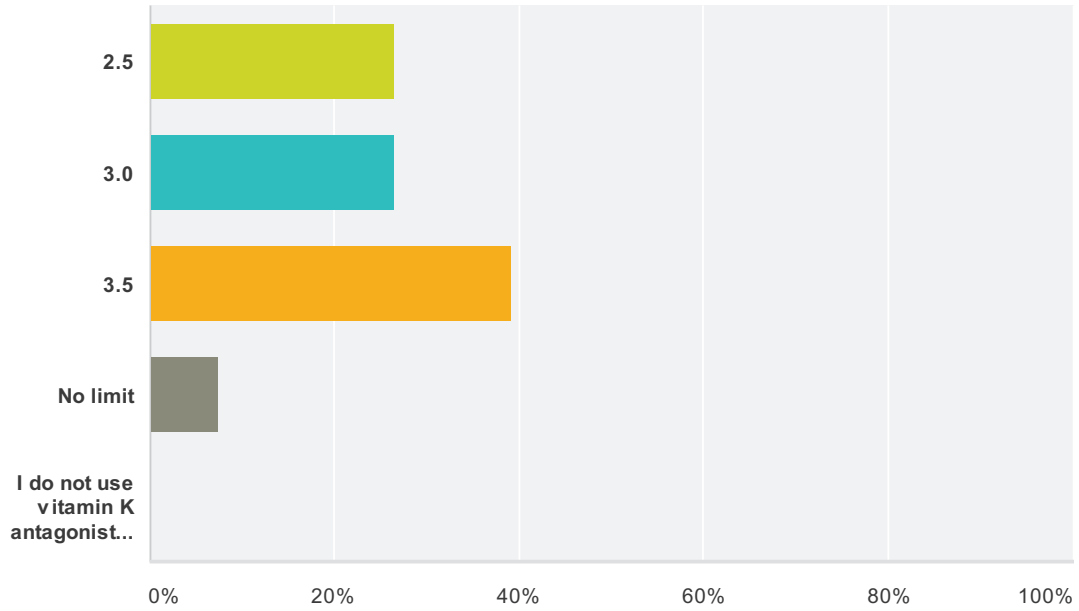
Répondues : 79 Ignorées : 4



Choix de réponses	Réponses
Postpone ablation procedure	22,78% 18
Use low-molecular-weight heparin bridging	32,91% 26
Perform transesophageal echocardiography	70,89% 56
I do not use vitamin K antagonist but only new oral anticoagulation drugs	0% 0
Other	5,06% 4
Nombre total de répondants : 79	

Q13 What is the upper limit of INR value that you can accept for atrial fibrillation ablation procedure?

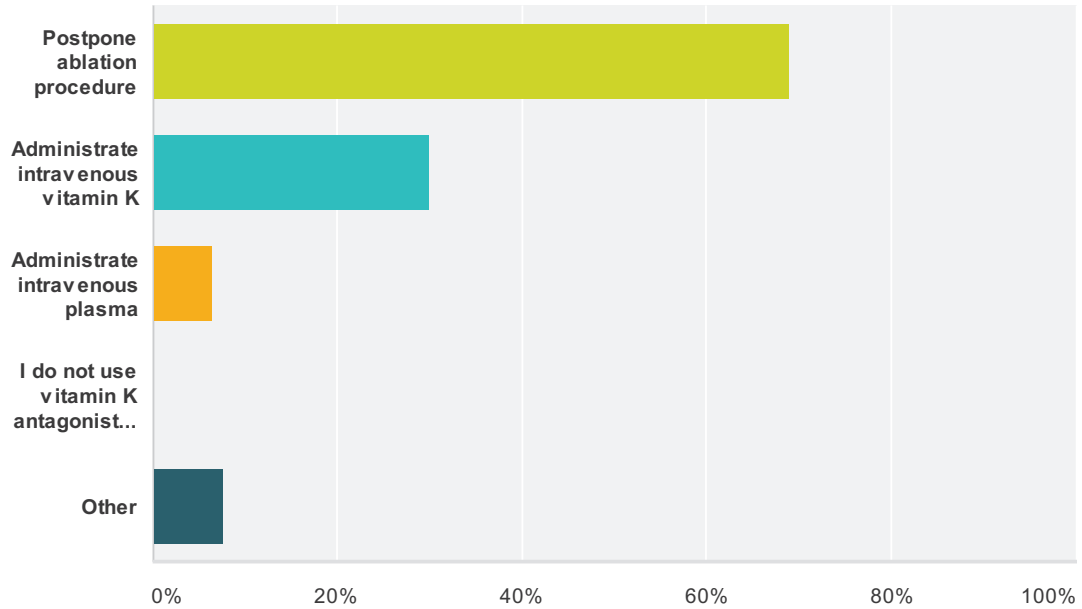
Répondues : 79 Ignorées : 4



Choix de réponses	Réponses
2.5	26,58% 21
3.0	26,58% 21
3.5	39,24% 31
No limit	7,59% 6
I do not use vitamin K antagonist but only new oral anticoagulation drugs	0% 0
Total	79

Q14 If INR is higher than the upper limit (at your institute) prior to ablation procedure, what will you do?

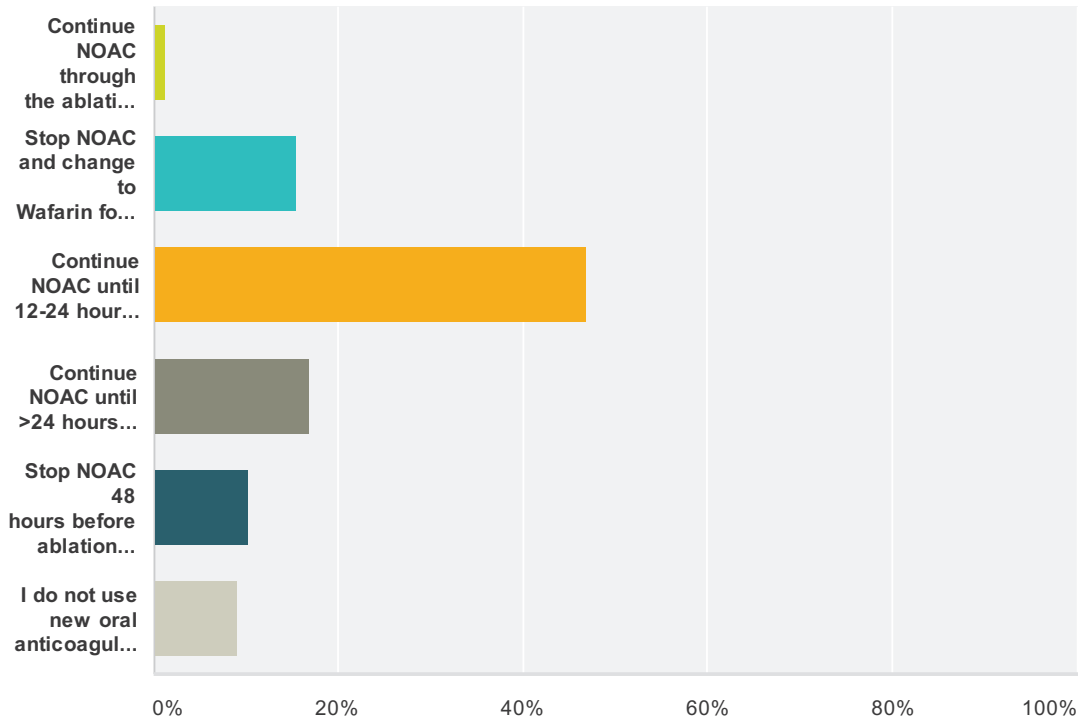
Répondues : 77 Ignorées : 6



Choix de réponses	Réponses
Postpone ablation procedure	68,83% 53
Administrate intravenous vitamin K	29,87% 23
Administrate intravenous plasma	6,49% 5
I do not use vitamin K antagonist but only new oral anticoagulation drugs	0% 0
Other	7,79% 6
Nombre total de répondants : 77	

Q15 If a new oral anticoagulation drug (NOAC) is used, how is the patient prepared before atrial fibrillation ablation procedure?

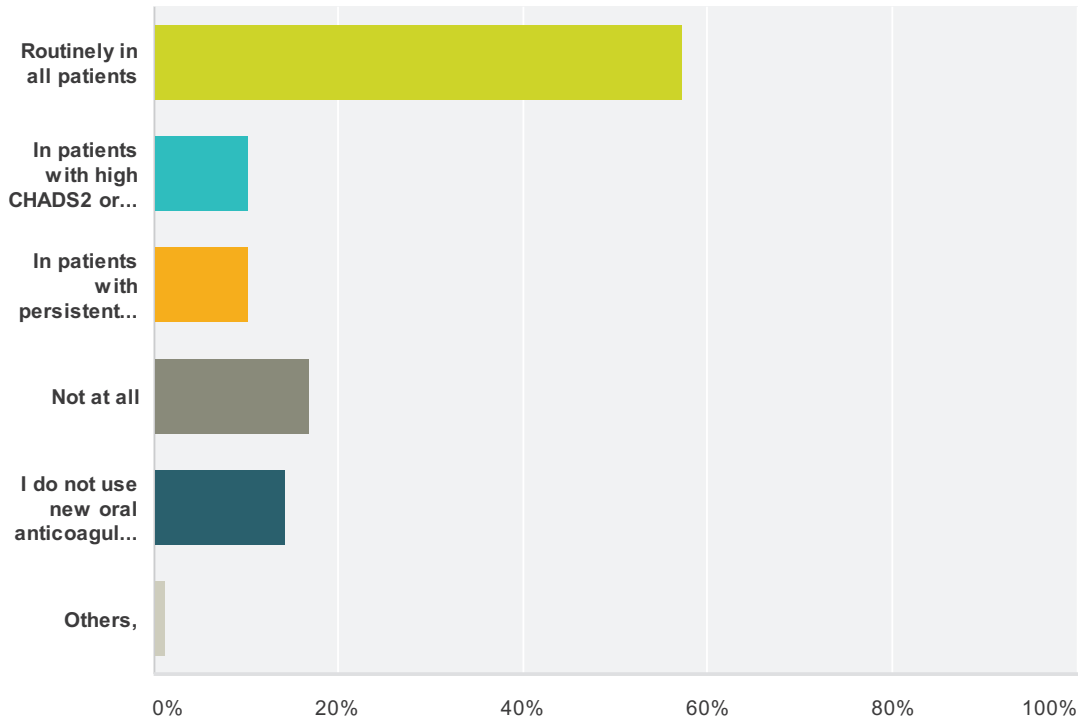
Répondues : 77 Ignorées : 6



Choix de réponses	Réponses
Continue NOAC through the ablation procedure	1,30% 1
Stop NOAC and change to Warfarin for at least 3 weeks	15,58% 12
Continue NOAC until 12-24 hours before ablation procedure	46,75% 36
Continue NOAC until >24 hours before ablation procedure	16,88% 13
Stop NOAC 48 hours before ablation procedure and use low-molecular-weight heparin bridging	10,39% 8
I do not use new oral anticoagulation drugs	9,09% 7
Total	77

Q16 If a new oral anticoagulation drug is used, do you perform transesophageal echocardiography prior to atrial fibrillation ablation procedure?

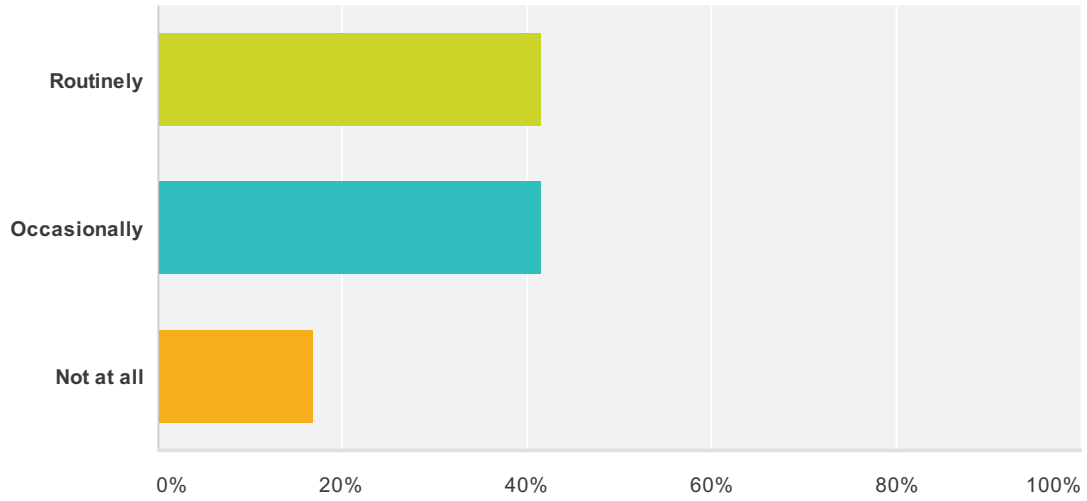
Répondues : 77 Ignorées : 6



Choix de réponses	Réponses
Routinely in all patients	57,14% 44
In patients with high CHADS2 or CHA2DS2VASc score	10,39% 8
In patients with persistent atrial fibrillation	10,39% 8
Not at all	16,88% 13
I do not use new oral anticoagulation drugs	14,29% 11
Others,	1,30% 1
Nombre total de répondants : 77	

Q17 Do you perform CT or MRI imaging prior to atrial fibrillation ablation procedure?

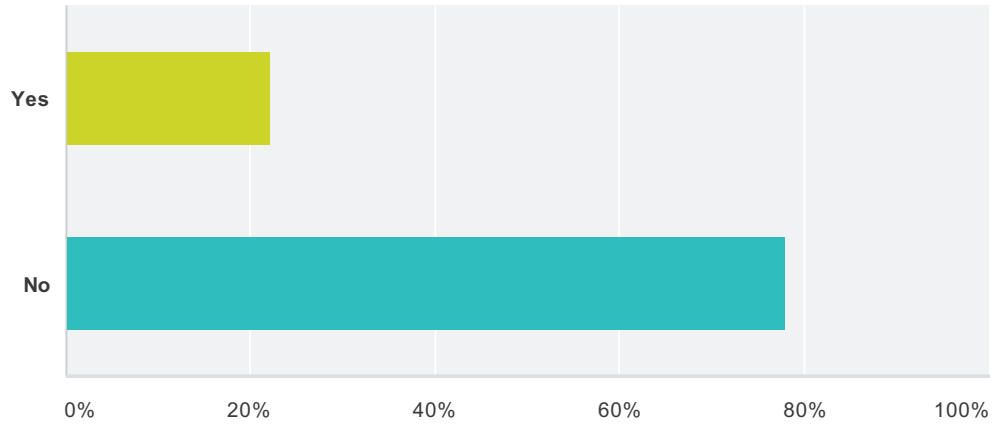
Répondues : 77 Ignorées : 6



Choix de réponses	Réponses
Routinely	41,56% 32
Occasionally	41,56% 32
Not at all	16,88% 13
Total	77

Q18 Do you perform atrial fibrillation ablation procedure routinely under general anesthesia?

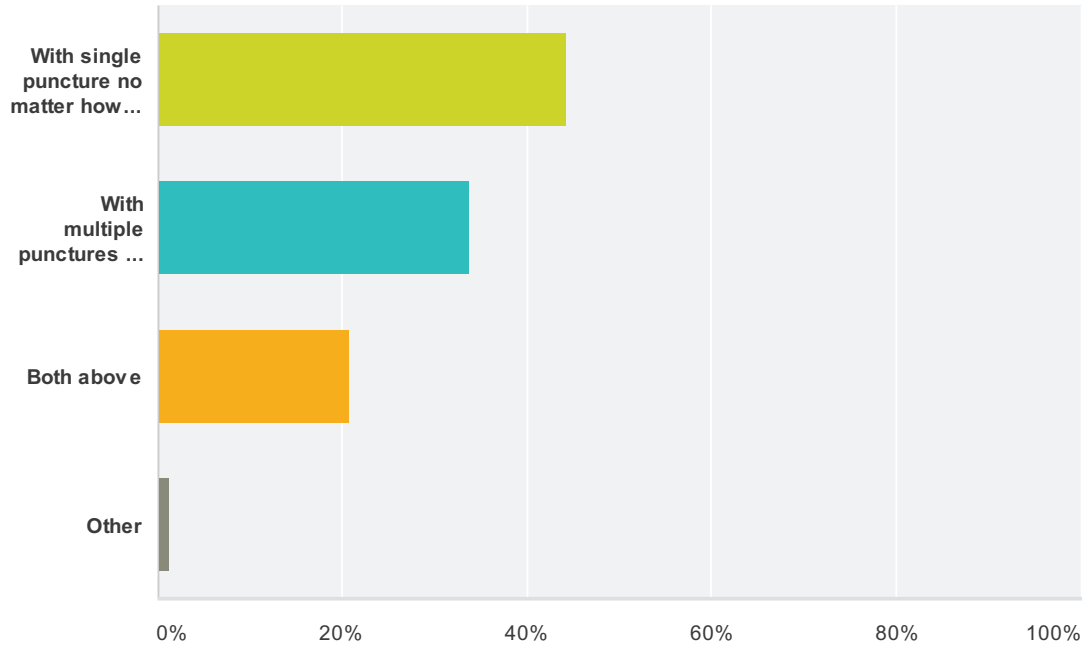
Répondues : 77 Ignorées : 6



Choix de réponses	Réponses	
Yes	22,08%	17
No	77,92%	60
Total		77

Q19 How do you perform transseptal puncture if no patent foramen ovale is discovered?

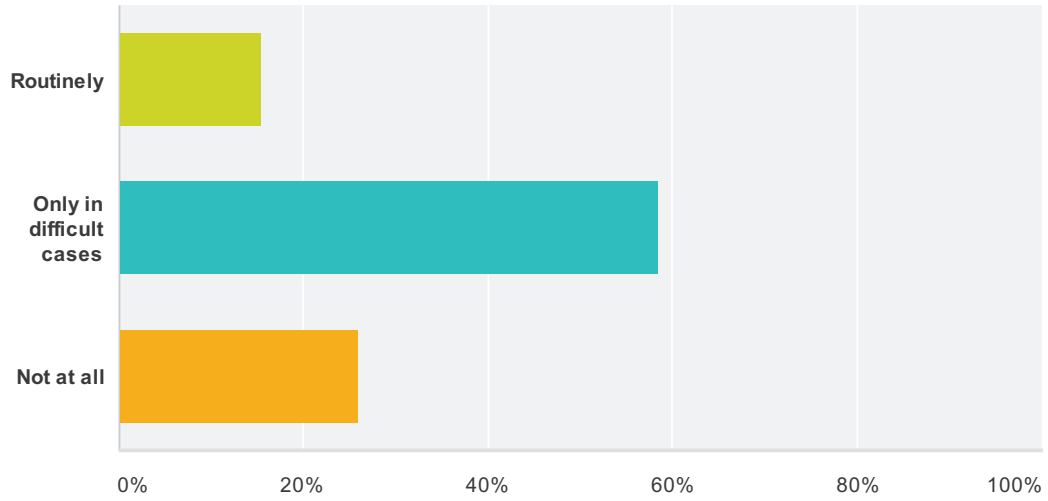
Répondues : 77 Ignorées : 6



Choix de réponses	Réponses
With single puncture no matter how many catheters are introduced to the left atrium	44,16% 34
With multiple punctures if more than one catheter is introduced to the left atrium	33,77% 26
Both above	20,78% 16
Other	1,30% 1
Total	77

Q20 Do you perform transseptal puncture with guidance of intracardiac or transesophageal echocardiography?

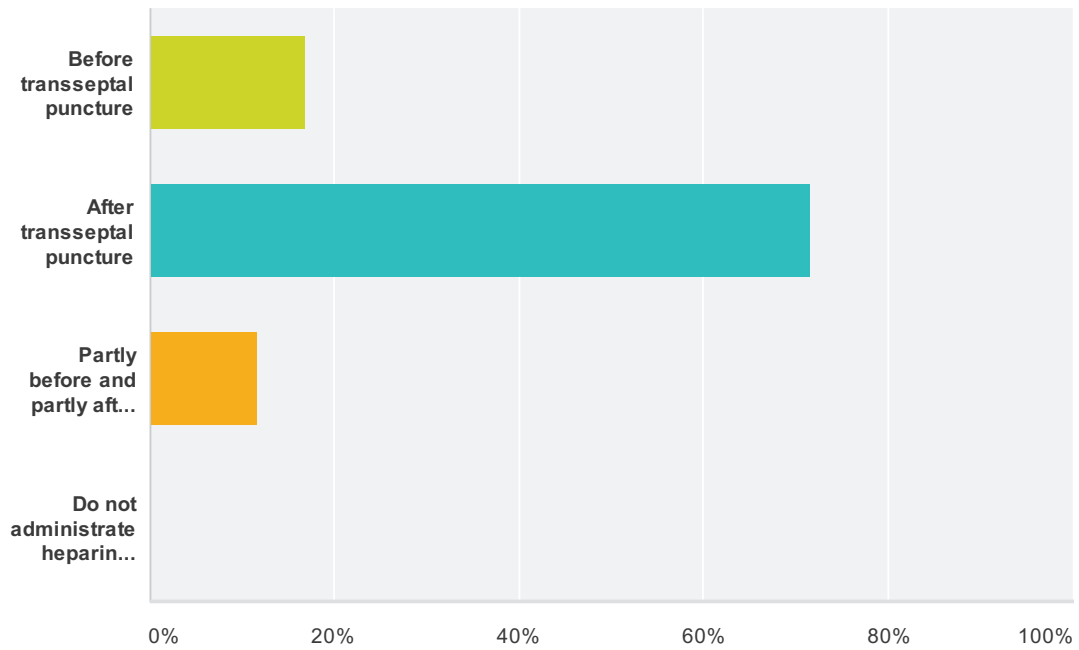
Répondues : 77 Ignorées : 6



Choix de réponses	Réponses
Routinely	15,58% 12
Only in difficult cases	58,44% 45
Not at all	25,97% 20
Total	77

Q21 Do you administrate the first heparin bolus

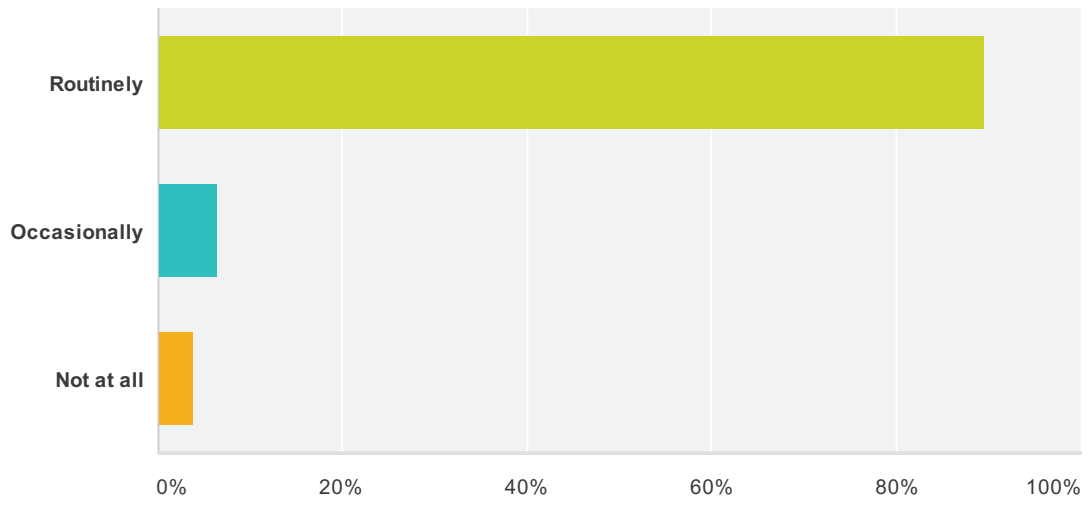
Répondues : 77 Ignorées : 6



Choix de réponses	Réponses
Before transseptal puncture	16,88% 13
After transseptal puncture	71,43% 55
Partly before and partly after transeptal puncture	11,69% 9
Do not administrate heparin because oral anticoagulant is taken through the ablation procedure	0% 0
Total	77

Q22 Do you monitor ACT during atrial fibrillation ablation procedure?

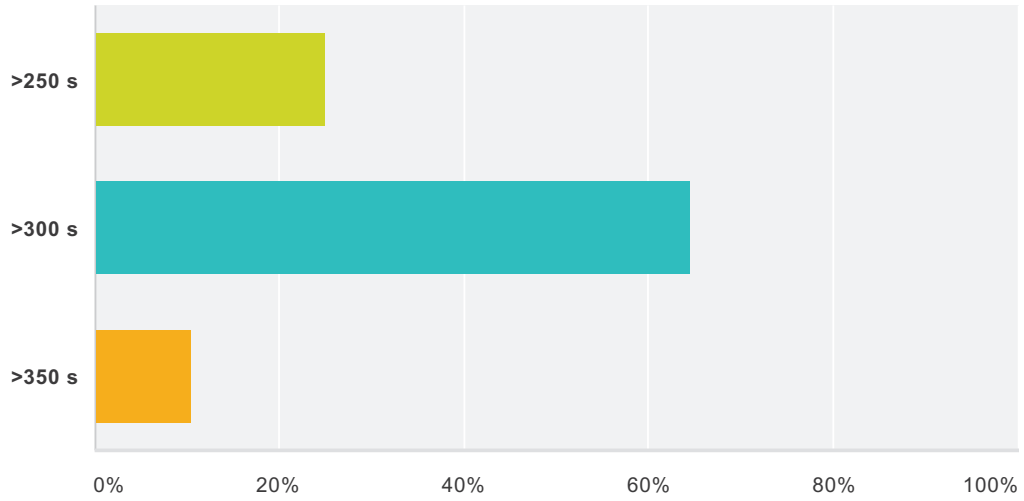
Répondues : 76 Ignorées : 7



Choix de réponses	Réponses
Routinely	89,47% 68
Occasionally	6,58% 5
Not at all	3,95% 3
Total	76

Q23 If you do monitor ACT during atrial fibrillation ablation procedure, what is your standard targeting value?

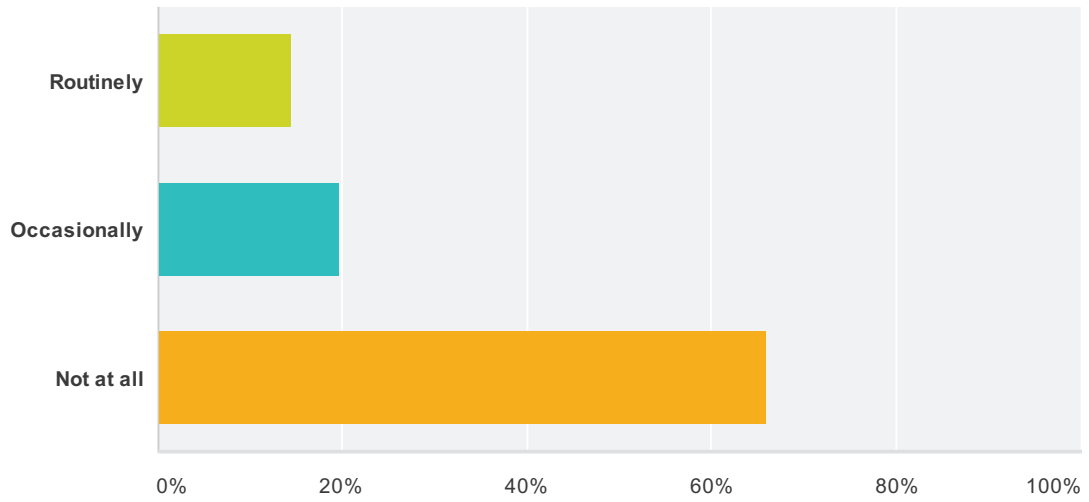
Répondues : 76 Ignorées : 7



Choix de réponses	Réponses	
>250 s	25%	19
>300 s	64,47%	49
>350 s	10,53%	8
Total		76

Q24 Regarding strategy of preventing atrio-esophageal fistula, do you employ esophageal temperature monitoring during ablation?

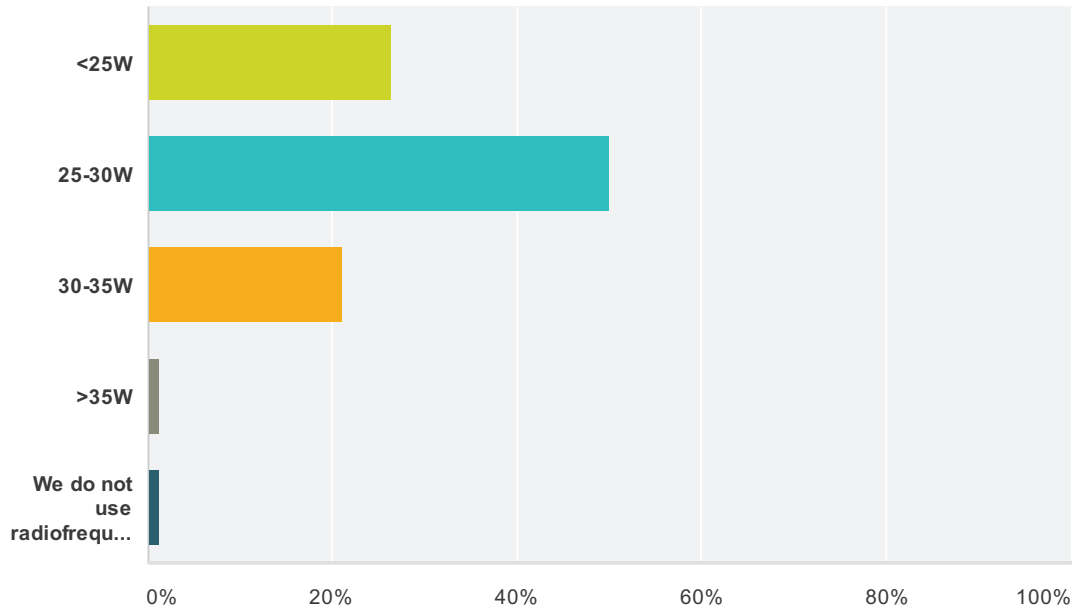
Répondues : 76 Ignorées : 7



Choix de réponses	Réponses	
Routinely	14,47%	11
Occasionally	19,74%	15
Not at all	65,79%	50
Total		76

Q25 Regarding strategy of preventing atrio-esophageal fistula, what is your setting of power delivery in the left atrial posterior wall?

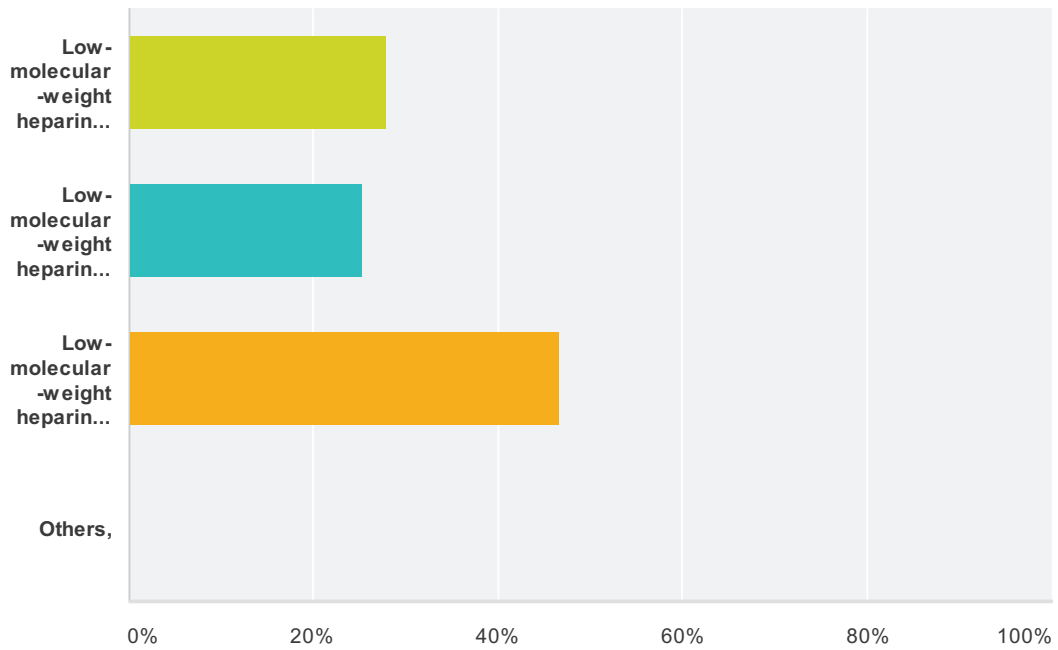
Répondues : 76 Ignorées : 7



Choix de réponses	Réponses
<25W	26,32% 20
25-30W	50% 38
30-35W	21,05% 16
>35W	1,32% 1
We do not use radiofrequency but other energy,	1,32% 1
Total	76

Q26 Regarding anticoagulation therapy post atrial fibrillation ablation procedure

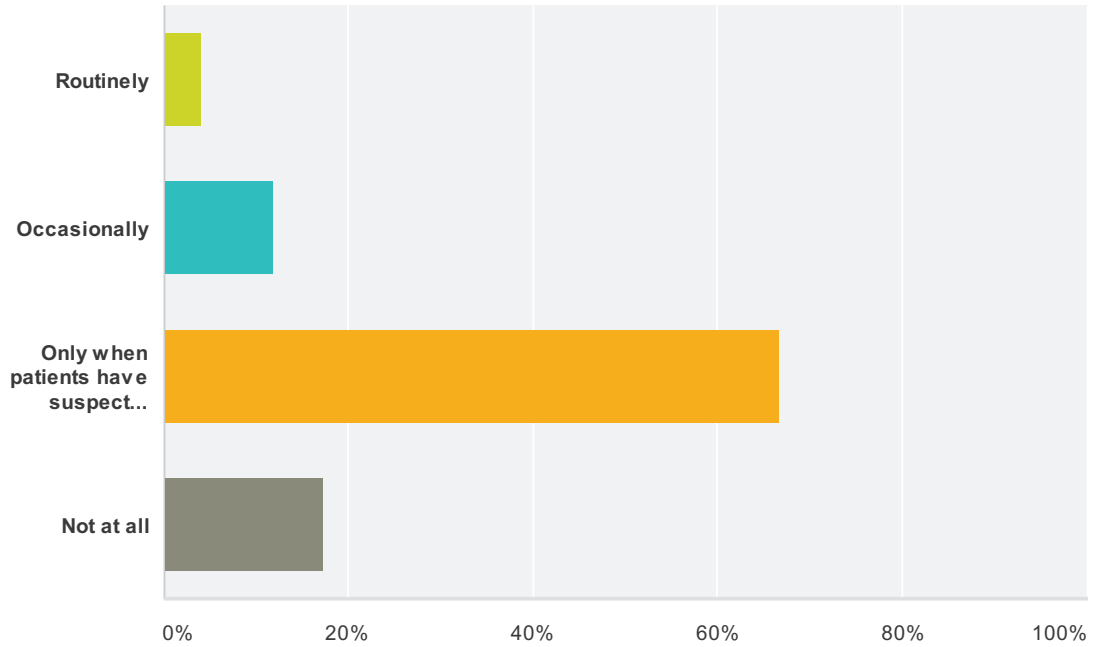
Répondues : 75 Ignorées : 8



Choix de réponses	Réponses
Low-molecular-weight heparin bridging is used routinely	28,00% 21
Low-molecular-weight heparin bridging is NOT routinely used, patients continue oral anticoagulants immediately after procedure	25,33% 19
Low-molecular-weight heparin bridging is NOT routinely used, patients continue oral anticoagulants through ablation procedure	46,67% 35
Others,	0% 0
Total	75

Q27 Do you perform CT or MRI imaging after atrial fibrillation ablation procedure to exclude procedure-relating complications?

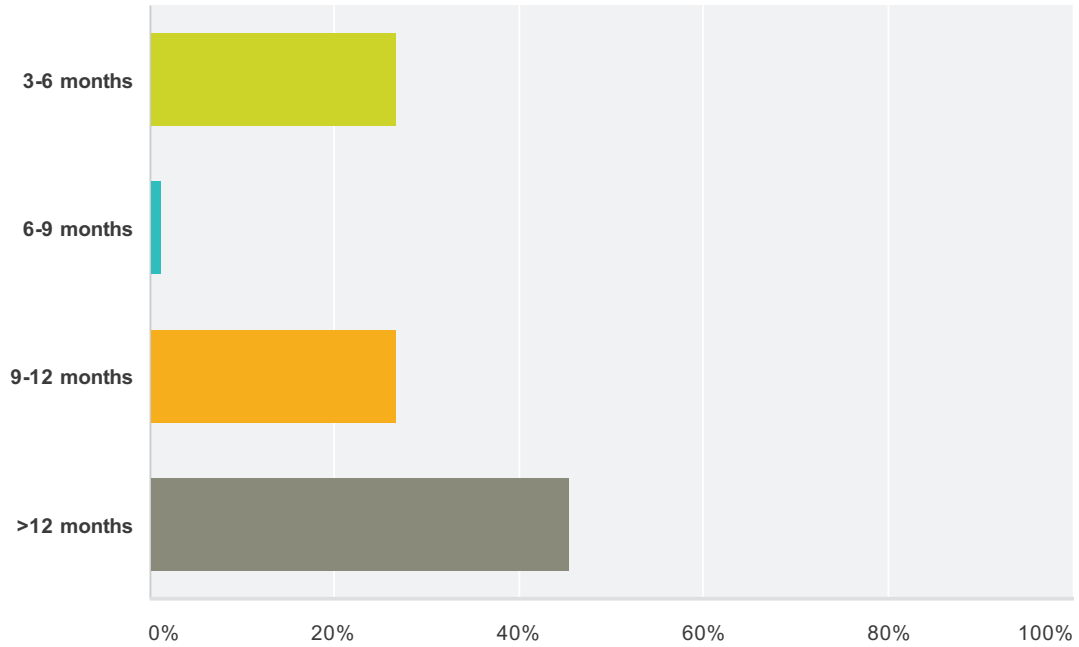
Répondues : 75 Ignorées : 8



Choix de réponses	Réponses
Routinely	4% 3
Occasionally	12% 9
Only when patients have suspect symptoms	66,67% 50
Not at all	17,33% 13
Total	75

Q28 After atrial fibrillation ablation procedure, we routinely follow patients up to

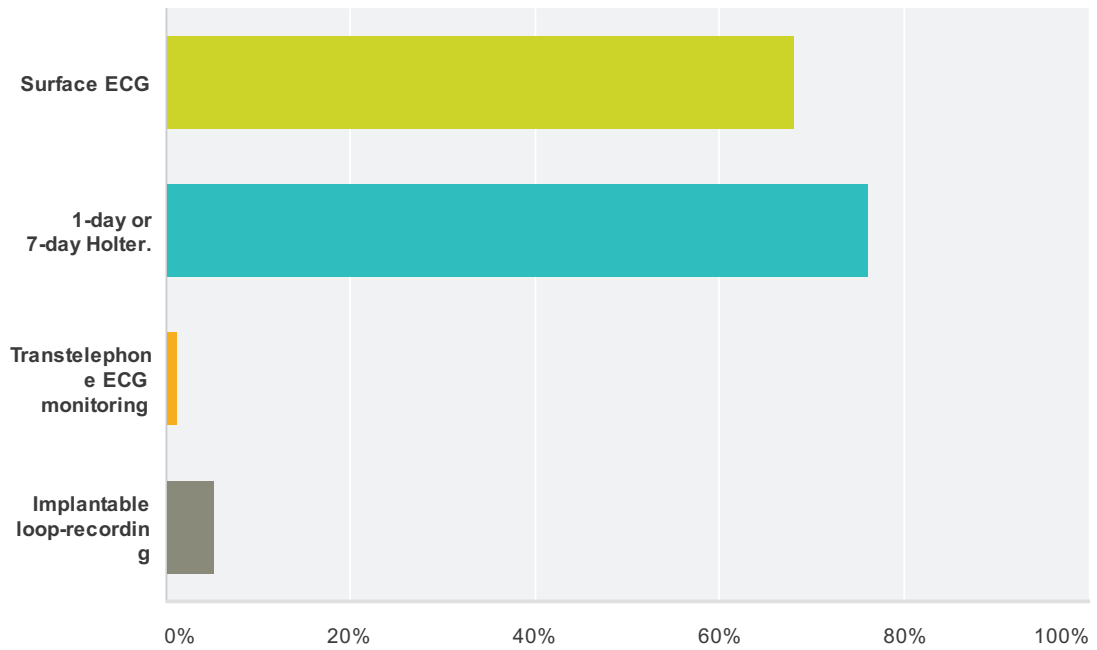
Répondues : 75 Ignorées : 8



Choix de réponses	Réponses
3-6 months	26,67% 20
6-9 months	1,33% 1
9-12 months	26,67% 20
>12 months	45,33% 34
Total	75

Q29 We routinely screen recurrence of atrial fibrillation with

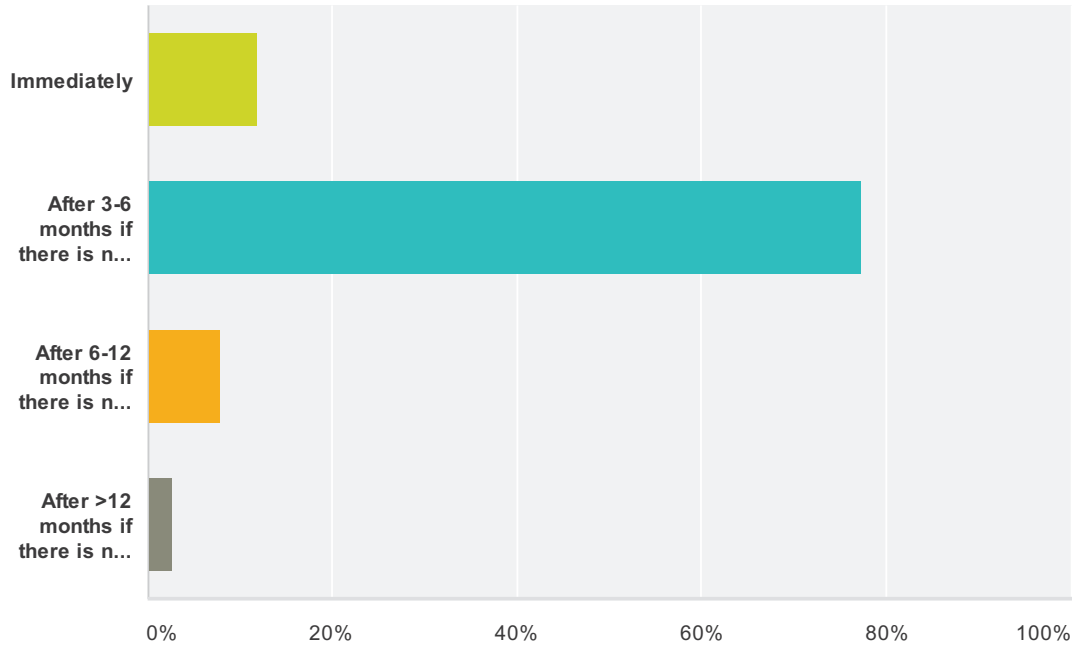
Répondues : 75 Ignorées : 8



Choix de réponses	Réponses
Surface ECG	68% 51
1-day or 7-day Holter.	76% 57
Transtelephone ECG monitoring	1,33% 1
Implantable loop-recording	5,33% 4
Nombre total de répondants : 75	

Q30 After atrial fibrillation ablation procedure we discontinue antiarrhythmic drugs

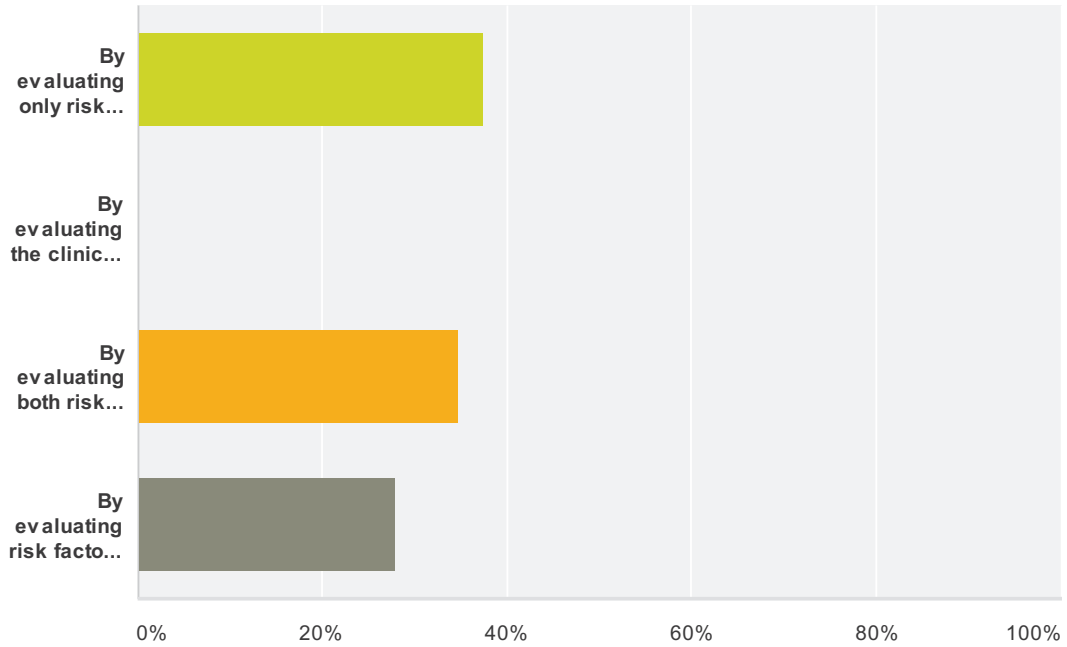
Répondues : 75 Ignorées : 8



Choix de réponses	Réponses
Immediately	12% 9
After 3-6 months if there is no evidence of atrial fibrillation recurrence	77,33% 58
After 6-12 months if there is no evidence of atrial fibrillation recurrence	8% 6
After >12 months if there is no evidence of atrial fibrillation recurrence	2,67% 2
Total	75

Q31 After atrial fibrillation ablation procedure I will consider to discontinue oral anticoagulants

Répondues : 75 Ignorées : 8



Choix de réponses	Réponses	
By evaluating only risk factors of stroke (CHADS2 or CHA2DS2VASC scores)	37,33%	28
By evaluating the clinical results of ablation only (loop-recording)	0%	0
By evaluating both risk factors and clinical results (a and b)	34,67%	26
By evaluating risk factors, clinical results and patient's preference.	28,00%	21
Total		75